

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 576 970

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	1		1			
4	2		1			
5	2		1			
6	①		1			
7	①		1			
8	①		1			
9	1		1			
10	1		1			
11	1		1			
12	1		1			
13	1		1			
14	1		1			
15	①		1			
16	①		1			
17	6		1			
18	①		1			
19	①		1			
20	①		1			
21	①		1			
22	①		1			
23	①		1			
24	1		1			
25	①		1			
26	①		1			
27	1		1			
28	①		1			
29	1		1			
30	①		1			
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TOTAL IND.	4	↓	6	↓		↓
TOTAL DEP.	29	←	29	←		←
TOTAL CLAIMS	33		35			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.					↓	
TOTAL DEP.					←	←
TOTAL CLAIMS						←